

APPLICANT: This application is a:

New Application	<input type="checkbox"/>	Change in Vehicle Ownership	<input type="checkbox"/>
Renewal	<input type="checkbox"/>	Change in Business Ownership and/or Name	<input type="checkbox"/>
Add/Delete Vehicle	<input type="checkbox"/>	Replacement Decal	<input type="checkbox"/>

CIWMB Use Only

Waste Tire Hauler Registration Application

Pursuant to Section 42950 et. seq. of the Public Resources Code, a waste tire hauler shall submit the following information on this form in order to obtain a Waste Tire Hauler Registration and approval to transport used or waste tires.

APPLICANT: COMPLETE (TYPE OR PRINT IN INK) ITEM 1 THROUGH 10. IF A SPECIFIC ITEM DOES NOT APPLY TO YOUR COMPANY, ENTER "N/A", FOR NOT APPLICABLE. INCOMPLETE OR PHOTOCOPIED FORMS MAY BE REJECTED.

1. Business name of company*: _____

2. Business Owner: _____ / Phone Number _____

3. Business Operator (if different from Business Owner): _____ / Phone Number _____

4. Other business names of the company (DBA's): _____

5. Mailing address of company: _____

City _____ State _____ Zip _____

6. Facility address (if different than No. 5) _____

City _____ State _____ Zip _____

7. Vehicle Descriptions: Provide information for each vehicle to be approved to haul used or waste tires on the ~~next~~ page

2.

8. Attach proof of bond. (Form CIWMB-61)

9. Indicate prospective end use facilities (disposal, recycle, storage, etc.). If you need more space, please list on a separate page.

Name

Address

Phone number

* Name of individual, sole proprietorship, co-partnership, Limited Liability Company, corporation, or political subdivision applying for registration.

10. Certification:

I certify that this document and all attachments were prepared under my direction or supervision. I certify that the information submitted is, to the best of my knowledge and belief, true, accurate and complete.

I certify under penalty of perjury under the laws of the State of California that the information on this application form is true and correct.

Signature of Authorized Agent

Date

Printed Name of Authorized Agent

Title of Authorized Agent

No registration application fee is required. Incomplete applications will be returned, and applicant will not be considered registered.

RETURN COMPLETE REGISTRATION APPLICATION TO:

Waste Tire Management Branch

Special Waste Division
California Integrated Waste Management Board
P.O. Box 4025
Sacramento, CA 95812

Business Name (Item 1 from previous page)_____

Registration Number (if known)_____

Vehicle Description Sheet

7. This part must be completed by all applicants for a permit to transport used or waste tires pursuant to Chapter 19, Section 42950 et. seq. of the Public Resources Code and submitted to the California Integrated Waste Management Board. (Please attach additional sheets, if necessary.)

(Important Notice -The applicant is responsible for the actions of any persons transporting used or waste tires under this registration.)

No	Still In Service	License Number	State	Vehicle Identification Number	Make/Model	Year	Type*	Registered Owner	(For CIWMB Renewal Only) CIWMB Registration No.
1	<input type="checkbox"/>								
2	<input type="checkbox"/>								
3	<input type="checkbox"/>								
4	<input type="checkbox"/>								
5	<input type="checkbox"/>								
6	<input type="checkbox"/>								
7	<input type="checkbox"/>								
8	<input type="checkbox"/>								
9	<input type="checkbox"/>								
10	<input type="checkbox"/>								

* Type of vehicle: Include **Motorized** Vehicles Only (No Trailers)

☐ Please send me a Temporary Certificate For Alternate Vehicles for the upcoming year's renewal. I realize that I will be receiving only one temporary certificate each year and that this certificate is not transferable to any other registration. Additionally, know that I am required to inform the CIWMB upon the use of any alternate vehicle within two (2) calendar days.